Rare and Common Variants Conferring Risk of Tooth Agenesis

L. Jonsson, T.E. Magnusson, A. Thordarson, T. Jonsson, F. Geller, B. Feenstra, M. Melbye, E.A. Nohr, S. Vucic, B. Dhamo, F. Rivadeneira, E.M. Ongkosuwito, E.B. Wolvius, E.J. Leslie, M.L. Marazita, B.J. Howe, L.M. Moreno Uribe, I. Alonso, M. Santos, T. Pinho, R. Jonsson, G. Audolfsson, L. Gudmundsson, M.S. Nawaz, S. Olafsson, O. Gustafsson, A. Ingason, U. Unnsteinsdottir, G. Bjornsdottir, G.B. Walters, M. Zervas, A. Oddsson, D.F. Gudbjartsson, S. Steinberg, H. Stefansson, and K. Stefansson

Appendix

Appendix Subjects and Methods

Study Populations

Icleandic sample. In total, the TA cases were missing 5,423 teeth with an average of 2.8 missing teeth per subject in the TA population. Of the TA cases, 1,205 subjects were female (62.0 %) and 739 subjects were male (38.0 %). The prevalence of missing teeth at specific dental positions are shown in Fig 2. The most commonly missing teeth are the mandibular second premolars (N = 1,987), followed by the maxillary second premolars (N = 1,034) and the maxillary lateral incisors (N = 998). In the association analysis between TA and known OFC variants, 22 subjects with OFC were excluded from the analyses.

Danish TA follow-up sample. The Danish replication study was based on 4,774 individuals from the Danish National Birth Cohort, who were genotyped on Illumina bead chips in GWAS of preterm birth and obesity, as described earlier¹. We imputed unobserved genotypes based on phased haplotypes from the integrated Phase I release of the 1000 Genomes Project using the software programs SHAPEIT² and IMPUTE2³.

Dental data for all Danish individuals were retrieved from the nationwide dental registry for children, SCOR, which was established in 1972 alongside the initiation of free municipal dental services to Danish children and adolescents from birth to the age of 18 years⁴. We combined all observations on erupted permanent teeth after age 6. Controls (N = 4,667) were defined as individuals with all 28

permanent teeth (excluding third molars) erupted by age 14, whereas cases (N = 107) were defined as individuals with consistently less than 28 permanent teeth (excluding third molars) and at least one record after their 16^{th} birthday. Information on the not erupted teeth was available and we were able to perform a subgroup analysis of mandibular second premolars based on 66 cases, for maxillary lateral incisors the low number of 14 cases precluded any meaningful analyses.

We used logistic regression to analyze all imputed variants, testing for differences in allele dosages between cases and controls under an additive genetic model as implemented in SNPTEST⁵. The modest inflation of the test statistic was adjusted for by applying genomic control⁶ ($\lambda = 1.009$ for both general TA and mandibular second premolars). The study protocol was approved by the Danish Scientific Ethical Committee and the Danish Data Protection Agency for all subjects.

Dutch TA follow-up sample. TA was assessed by a dentist from dental panoramic radiographs of the children (mean age = 9.8 ± 0.3 years) participating in the Generation R Study, a population-based cohort study from fetal life until adulthood, established in Rotterdam, the Netherlands⁷. The study protocol was approved by the Medical Ethical Committee of the Erasmus Medical Center, Rotterdam (MEC 217.595/2002/20). In total, 150 children were diagnosed with TA of one or more teeth (males = 73 and females = 77) in the cohort, with the remaining 2,696 used as controls (males = 1,349 and females = 1,347). Of the 150 children, 82 subjects were missing the mandibular second premolars and 32 subjects were missing the maxillary lateral incisors.

Genetic data have been generated by a genome-wide association scan (GWAS) using Illumina HumanHap 610 or 660 Quad chips (Illumina Inc., San Diego, USA). Genotypes were imputed to the 1000 Genomes Project reference panel (March 2013 version). The GWAS and imputed datasets underwent a stringent QC process, which is described in detail in the study by Medina-Gomez, *et al.*⁸. Individuals of European (N = 1,624) and non-European (N = 1,222) genetic ancestry were grouped together in the analysis.

Association between TA and GWAS SNPs was carried out using a logistic regression framework adjusting for age, sex, and population stratification (10 genomic principal components) in the Generation R cohort using MACH2DAT as implemented in GRIMP⁹. The genomic inflation factors (λ) for the general TA, maxillary lateral incisors and mandibular second premolars were 1.016, 1.048 and 1.010, respectively.

TA follow-up sample from Pittsburgh, USA. A total of 4,151 subjects were recruited from multiple sites in the United States, Guatemala, Hungary, Colombia, Argentina, and the Philippines. The sample included 768 individuals with a nonsyndromic cleft lip with or without cleft palate, 1,854 relatives without a cleft, and 1,529 control individuals with no history of orofacial clefting. 2,551 subjects were over the age of 18; 522 were between 12 and 18; 1,076 subjects were under the age of 12. Questionnaires recording dental history were collected along with in-person dental exams or intraoral photos. Intraoral photos were evaluated by a single rater, calibrated against experienced dentists. Each tooth was evaluated and determined to be missing due to agenesis based on the status of the dentition¹⁰. The phenotypes for analysis were (1) agenesis of the maxillary lateral incisors or (2) any agenesis, excluding the 2nd and 3rd molars.

Samples were genotyped on the Illumina HumanCore+Exome array, phased with SHAPEIT2, and imputed to the 1000 Genomes Phase 3 reference panel. Imputed genotype probabilities were converted to most-likely genotypes using GTOOL, keeping only genotypes if the probability was >0.9. All SNPs considered for replication had INFO scores greater than 0.8.

Statistical analysis was performed using EMMAX (Efficient Mixed-Model Association eXpedited), a linear mixed-model that accounted for sample structure (relatedness and population structure) with a kinship matrix. An association with TA was tested in individuals without orofacial clefting (combining controls and family members of orofacial clefting cases). The sample was also stratified into genetically-determined European and non-European ancestry groups.

The sample included in total 147 TA cases and 3,236 controls. The statistical association method used in this sample with related subjects only made it possible to only include direction of effect in the anlyses. In this study, the European TA sample of subjects without orofacial clefting (44 TA cases and 1,352 controls) were included.

TA follow-up sample from Portugal. The Portuguese sample included 102 individuals with agenesis of the maxillary lateral incisors and 204 controls (without any kind of hypodontia)¹¹. All subjects in this study were observed by experienced clinicians and TA was confirmed radiographically. The study followed the "Strengthening the Reporting of Observational Studies in Epidemiology" guidelines¹² and informed consent was obtained from all participants. Three variants (rs35956082, rs7552 and rs9825432) were genotyped in the Portuguese sample by PCR and Sanger sequencing. Association analysis between agenesis of maxillary lateral incisors and the three SNPs were carried out using logistic regression under an additive genetic model adjusting for gender. All statistical analyses were performed using R software.

Variants associated with TA-related phenotypes tested in the Icelandic sample

We tested variants previously associated at a genome wide significance threshold with OFC or timing of tooth eruption in the Icelandic TA sample, including the samples for agenesis of the specific teeth maxillary lateral incisors, mandibular second premolars and maxillary second premolars.

In total, 40 OFC variants were tested in our TA data. Twenty previously reported OFC variants were chosen based on the study by Ludwig, *et al.*¹³, in which the most credible SNP in European samples was chosen at each of the 20 significant OFC loci. In addition, 20 novel OFC variants identified after that study were also chosen¹³⁻¹⁵. At each locus, SNPs with $r^2 > 0.2$ (based on the Icelandic data set) with a more significant SNP were discarded; thus, a single SNP was tested for each association signal. Variants that were significantly associated with TA after Bonferroni correction (P = 0.05/160 = 0.00031, correcting

for 40 variants and 4 phenotypes) and that had the same risk allele for TA and OFC were included for replication efforts.

For timing of primary and permanent tooth eruption, we tested variants at 17 previously reported loci^{1,16,17} in our TA sample. Variants having $r^2 > 0.2$ (based on the Icelandic data set) with a more significant variant were not included. Variants surviving Bonferroni correction for 17 variants and four TA phenotypes ($P_{thresh} = 0.05/68 = 0.00074$) were regarded as significant associations.

Gene-set enrichment analysis (GSEA)

We performed GSEA for the TA-associated markers (N = 11) using GO database through INRICH as described in online methods for INRICH¹⁸. In this analysis, a total of 11,919 GO terms mapping to 19,432 genes were tested. For GSEA, we tested associated intervals belonging to sequence variants using their tight LD ($r^2 > 0.8$) prioritizing strongest cis-eQTL in region (i.e. in ±250 KB of each sequence variant). Moreover, to include gene boundaries, we used a flanking distance of ±100 KB from associated intervals.

Appendix Tables

Appendix Table 1. Sequence variants associated with orofacial cleft (OFC) tested for association with TA and selective TA*

		•				Tooth Agenesis Maxil $(N = 1,944)$		l Incisors	Mandibular Second Premolars $(N = 1,196)$		Maxillary Second $(N = 600)$	
marker [†]	chr	Position (hg38)	EAF(%)	EA/OA	OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P
rs4920524	1	18,651,878	42.3	G/T	1.00 (1.00, 1.00)	0.97	0.94 (0.79, 1.12)	0.49	1.05 (0.93, 1.19)	0.45	1.06 (0.91, 1.24)	0.46
rs35298667	1	94,075,119	19.0	T/C	0.99 (0.90, 1.09)	0.84	0.99 (0.86, 1.15)	0.89	0.98 (0.84, 1.14)	0.80	0.95 (0.77, 1.17)	0.62
rs658860	1	209,817,204	19.0	C/T	0.96 (0.86, 1.07)	0.45	0.86 (0.69, 1.07)	0.18	0.95 (0.82, 1.10)	0.49	1.05 (0.87, 1.27)	0.61
rs287982	2	9,832,313	25.0	C/T	1.05 (0.95, 1.17)	0.36	0.89 (0.75, 1.06)	0.20	1.06 (0.93, 1.21)	0.39	1.15 (0.97, 1.37)	0.11
rs5829552‡	2	16,545,695	22.5	TA/T	1.07 (0.97, 1.18)	0.19	1.55 (1.30, 1.85)	1.4 x 10 ⁻⁶	0.94 (0.83, 1.07)	0.35	1.04 (0.85, 1.27)	0.70
rs6740960	2	41,954,539	43.7	A/T	1.06 (0.97, 1.16)	0.22	0.92 (0.78, 1.09)	0.34	1.10 (0.98, 1.24)	0.11	1.02 (0.89, 1.17)	0.78
rs7590268	2	43,312,986	21.8	G/T	1.02 (0.92, 1.14)	0.72	1.07 (0.89, 1.29)	0.47	0.98 (0.84, 1.15)	0.80	1.05 (0.88, 1.26)	0.60
rs7632427§	3	89,485,227	40.1	C/T	0.97 (0.90, 1.05)	0.44	0.96 (0.81, 1.14)	0.65	1.02 (0.91, 1.14)	0.73	0.87 (0.74, 1.03)	0.098
rs9832134	3	100,117,878	40.9	C/T	1.01 (0.93, 1.10)	0.81	0.97 (0.84, 1.12)	0.67	1.01 (0.86, 1.18)	0.90	1.01 (0.74, 1.37)	0.95
rs76479869	3	189,835,583	6.5	T/C	0.81 (0.67, 0.98)	0.03	0.94 (0.68, 1.30)	0.71	0.78 (0.61, 1.00)	0.048	0.70 (0.49, 1.01)	0.056
rs1907989	4	4,817,198	40.8	G/A	0.99 (0.87, 1.13)	0.88	0.96 (0.82, 1.13)	0.62	1.03 (0.90, 1.18)	0.67	1.02 (0.89, 1.17)	0.78
rs908822	4	123,985,102	6.2	T/C	1.06 (0.88, 1.27)	0.53	1.07 (0.77, 1.49)	0.69	1.01 (0.83, 1.22)	0.92	1.19 (0.86, 1.64)	0.29
rs10462065	5	44,068,744	12.9	A/C	0.95 (0.83, 1.09)	0.46	1.00 (1.00, 1.00)	0.98	0.95 (0.81, 1.11)	0.52	0.96 (0.75, 1.23)	0.74
rs9381107	6	9,469,005	15.5	A/G	0.97 (0.87, 1.08)	0.59	0.83 (0.66, 1.05)	0.11	0.97 (0.85, 1.11)	0.66	1.03 (0.83, 1.28)	0.79
rs13317	8	38,411,996	28.0	C/T	1.02 (0.89, 1.16)	0.77	1.11 (0.94, 1.32)	0.23	0.96 (0.86, 1.08)	0.49	0.88 (0.74, 1.05)	0.16
rs12543318	8	87,856,112	30.4	C/A	0.93 (0.85, 1.02)	0.13	0.91 (0.76, 1.09)	0.32	0.88 (0.78, 1.00)	0.047	0.80 (0.67, 0.96)	0.014
rs957448	8	94,529,074	27.1	G/A	1.07 (0.97, 1.18)	0.16	1.02 (0.86, 1.22)	0.82	1.08 (0.95, 1.22)	0.23	1.15 (0.97, 1.37)	0.11
rs72728755	8	128,978,136	18.6	A/T	1.15 (1.03, 1.29)	0.016	1.24 (1.02, 1.51)	0.033	1.15 (1.00, 1.32)	0.049	0.99 (0.78, 1.26)	0.94
rs10512248	9	95,497,421	38.1	G/T	1.16 (1.06, 1.27)	0.0015	1.07 (0.91, 1.26)	0.41	1.24 (1.11, 1.39)	0.0002	1.31 (1.12, 1.54)	0.0010
rs4582663	9	97,867,545	36.0	T/G	0.99 (0.92, 1.07)	0.80	0.78 (0.66, 0.92)	0.0040	1.06 (0.94, 1.20)	0.34	1.21 (1.03, 1.42)	0.020
rs7092957	10	117,041,514	16.6	G/A	0.97 (0.87, 1.08)	0.59	0.85 (0.68, 1.06)	0.15	1.06 (0.90, 1.24)	0.47	0.98 (0.79, 1.22)	0.85
rs3741442	12	52,952,966	0.9	T/C	0.85 (0.52, 1.39)	0.52	0.73 (0.25, 2.11)	0.56	0.63 (0.32, 1.23)	0.18	0.88 (0.40, 1.94)	0.75
rs705704	12	56,041,628	34.5	A/G	0.95 (0.86, 1.05)	0.32	0.93 (0.78, 1.11)	0.42	0.94 (0.84, 1.05)	0.29	1.01 (0.90, 1.14)	0.87
rs2304269	12	71,686,492	5.3	C/T	0.96 (0.80, 1.15)	0.66	0.92 (0.64, 1.33)	0.66	0.98 (0.75, 1.28)	0.88	0.97 (0.64, 1.47)	0.89
rs7999259	13	80,123,426	23.2	A/G	1.02 (0.93, 1.12)	0.69	0.96 (0.79, 1.16)	0.68	1.00 (1.00, 1.00)	0.95	0.99 (0.87, 1.13)	0.88
rs7148069	14	51,372,927	31.5	T/C	0.96 (0.88, 1.05)	0.38	0.90 (0.75, 1.08)	0.26	0.98 (0.88, 1.09)	0.72	1.00 (1.00, 1.00)	0.97
rs60454187	14	51,389,848	36.9	C/G	1.08 (0.99, 1.18)	0.10	1.20 (1.02, 1.41)	0.027	1.10 (0.98, 1.24)	0.12	1.07 (0.92, 1.25)	0.39
rs1243572	14	94,913,162	21.7	T/C	1.00 (1.00, 1.00)	0.92	0.92 (0.75, 1.12)	0.41	1.03 (0.89, 1.20)	0.70	1.22 (1.02, 1.47)	0.034
rs2600520	15	32,762,318	29.6	T/G	1.03 (0.93, 1.14)	0.56	1.10 (0.92, 1.31)	0.28	0.99 (0.87, 1.12)	0.88	0.99 (0.77, 1.28)	0.94
rs4774467	15	63,019,226	28.5	T/C	1.09 (0.98, 1.21)	0.10	1.07 (0.89, 1.28)	0.46	1.09 (0.96, 1.23)	0.17	1.14 (0.96, 1.35)	0.13
rs57490152	15	74,794,303	7.2	C/-	1.00 (1.00, 1.00)	0.99	1.02 (0.74, 1.40)	0.90	1.06 (0.86, 1.31)	0.59	0.95 (0.67, 1.34)	0.77
rs9938468	16	3,929,044	42.4	C/T	0.95 (0.87, 1.03)	0.23	0.93 (0.79, 1.10)	0.39	0.91 (0.81, 1.03)	0.12	1.06 (0.91, 1.24)	0.47
rs58772677	17	9,016,098	37.7	A/C	0.93 (0.84, 1.02)	0.14	0.89 (0.76, 1.04)	0.15	0.90 (0.80, 1.01)	0.078	0.93 (0.79, 1.10)	0.39
rs12944377	17	9,044,391	44.2	C/T	1.01 (0.87, 1.17)	0.90	0.99 (0.75, 1.31)	0.94	0.99 (0.89, 1.10)	0.85	0.98 (0.86, 1.12)	0.77
rs1838105	17	46,931,569	35.5	A/G	1.06 (0.96, 1.17)	0.24	1.04 (0.89, 1.21)	0.62	1.07 (0.95, 1.20)	0.26	1.04 (0.89, 1.21)	0.62
rs227727	17	56,699,594	47.8	T/A	0.90 (0.82, 0.99)	0.027	0.87 (0.74, 1.03)	0.10	0.88 (0.79, 0.98)	0.023	0.96 (0.82, 1.13)	0.61
rs8071332	17	63,064,592	23.5	G/A	1.12 (1.01, 1.24)	0.033	1.25 (1.04, 1.50)	0.015	1.08 (0.95, 1.23)	0.25	1.04 (0.86, 1.26)	0.69
rs146108265	19	2,051,262	26.6	GCCA/-	1.07 (0.97, 1.18)	0.18	1.14 (0.94, 1.38)	0.18	1.09 (0.96, 1.23)	0.17	1.07 (0.88, 1.30)	0.49
rs8113265	19	32,855,298	44.5	G/A	1.07 (0.98, 1.17)	0.15	1.05 (0.89, 1.24)	0.57	1.08 (0.97, 1.20)	0.17	1.00 (1.00, 1.00)	1.00
rs4812450	20	40,644,319	41.3	G/C	1.12 (1.03, 1.22)	0.012	1.24 (1.05, 1.46)	0.011	1.05 (0.94, 1.18)	0.40	1.08 (0.93, 1.26)	0.32

OR: Odds Ratio. EA: Effect Allele for which OR is shown. OA: Other Allele . EAF: effect allele frequency (%) in the Icelandic sample. N: Number of TA cases. Bold indicates significant association after Bonferroni corrected P = 0.05/160 = 0.00031 (correcting for 40 variants and 4 phenotypes). *Known CLP cases (N = 22) were excluded from the analyses in the Icelandic sample. †Twenty previously reported OFC variants were chosen based on the study by Ludwig, *et al.* ¹³, in which the most credible SNP in European samples were chosen in the 20 OFC loci. In addition, 20 novel OFC variants identified after that study were also chosen ¹³⁻¹⁵. †The following rs-names are reported for this variant: rs5829552, rs397784935 and rs869032736. *We included rs7632427 instead of rs6772813 from the study by Ludwig, *et al.* ¹³ due to low info in imputation in Iceland.

Appendix Table 2. Results from association analysis between TA and loci previously associated with timing of primary^{16,17} or permanent¹ teeth eruption.

						Tooth Ager $(N = 1,94)$		Maxillary Lateral Incisors $(N = 600)$		Mandibular Second Premolars $(N = 1,196)$		Maxillary Second Premolars $(N = 600)$	
Marker*	gene	chr	position	EAF (%)	EA/OA	OR	P	OR	P	OR	P	OR	P
rs2281845 ¹	CACNA1S	1	201,112,815	40.8	T/C	1.38 (1.26, 1.51)	1.1 x 10 ⁻¹²	1.33 (1.13, 1.56)	0.00050	1.45 (1.29, 1.62)	1.3 x 10 ⁻¹⁰	1.61 (1.38, 1.88)	1.9 x 10 ⁻⁹
rs4491709 ^{‡1,16}		2	217,030,033	32.4	C/T	0.99 (0.87, 1.12)	0.88	0.91 (0.76, 1.08)	0.29	0.94 (0.83, 1.07)	0.35	1.16 (0.98, 1.37)	0.08
rs656840116		6	105,740,943	28.2	C/T	1.02 (0.91, 1.14)	0.73	0.95 (0.79, 1.14)	0.59	1.02 (0.91, 1.14)	0.73	1.04 (0.88, 1.23)	0.65
rs179992216	OPN1SW	7	128,775,141	38.3	G/T	0.94 (0.86, 1.03)	0.20	0.86 (0.73, 1.02)	0.075	0.94 (0.83, 1.06)	0.32	0.92 (0.79, 1.07)	0.29
rs1074099316	CACNB2	10	18,153,553	41.5	T/C	0.96 (0.88, 1.05)	0.36	1.02 (0.82, 1.27)	0.86	0.94 (0.85, 1.04)	0.25	0.93 (0.80, 1.09)	0.36
rs7924176 ^{1,16}	ADK	10	74,536,031	46.1	G/A	0.90 (0.82, 0.99)	0.026	0.85 (0.72, 1.00)	0.054	0.93 (0.83, 1.04)	0.21	0.93 (0.79, 1.10)	0.40
rs493707616	CDON	11	125,956,807	45.7	G/A	1.05 (0.96, 1.15)	0.30	1.04 (0.87, 1.25)	0.68	1.00 (1.00, 1.00)	0.96	1.15 (0.98, 1.35)	0.081
rs12229918 ^{‡16,17}	MSRB3	12	65,368,278	37.9	C/G	0.96 (0.87, 1.06)	0.42	0.91 (0.78, 1.07)	0.25	1.01 (0.84, 1.21)	0.91	0.94 (0.80, 1.11)	0.47
rs12424086 ^{‡1,16}	HMGA2	12	65,970,729	17.5	C/T	1.06 (0.95, 1.18)	0.29	1.19 (0.98, 1.45)	0.087	1.03 (0.89, 1.19)	0.69	0.95 (0.77, 1.18)	0.64
rs931650516	DLEU7	13	50,816,462	42.4	G/A	1.02 (0.93, 1.12)	0.69	1.01 (0.80, 1.27)	0.93	1.03 (0.92, 1.15)	0.61	0.92 (0.78, 1.08)	0.32
rs997154 ¹⁶	C14orf93	14	22,995,273	19.5	A/G	0.91 (0.81, 1.02)	0.099	0.99 (0.85, 1.16)	0.90	0.87 (0.76, 1.00)	0.051	0.82 (0.67, 1.00)	0.054
rs1756316	BMP4	14	53,950,804	43.8	A/G	1.03 (0.95, 1.12)	0.49	1.04 (0.89, 1.21)	0.61	1.00 (1.00, 1.00)	0.99	1.13 (0.96, 1.33)	0.13
rs195652917	RAD51B	14	68,322,207	37.8	C/T	1.06 (0.97, 1.16)	0.20	1.07 (0.92, 1.25)	0.39	1.02 (0.90, 1.15)	0.75	1.13 (0.96, 1.32)	0.13
rs1994969 ^{‡16,17}	IGF2BP1	17	49,003,069	46.9	G/T	0.97 (0.88, 1.07)	0.52	0.97 (0.83, 1.14)	0.71	0.98 (0.87, 1.10)	0.74	1.02 (0.87, 1.19)	0.80
rs41200016	TEX14	17	58,631,697	44.4	G/C	1.12 (1.02, 1.23)	0.016	1.09 (0.93, 1.27)	0.27	1.17 (1.05, 1.31)	0.0058	1.03 (0.85, 1.24)	0.76
rs8080944 ^{‡16,17}		17	70,189,445	40.4	G/A	0.94 (0.86, 1.02)	0.15	0.94 (0.81, 1.09)	0.42	0.90 (0.81, 1.01)	0.063	0.89 (0.76, 1.05)	0.16
rs11796357 ^{‡16}	EDA	X	69,578,860	27.4	G/A	0.77 (0.69, 0.86)	1.9 x 10 ⁻⁶	0.50 (0.40, 0.62)	2.3 x 10 ⁻¹⁰	0.86 (0.75, 0.98)	0.025	0.81 (0.67, 0.97)	0.025

OR: Odds Ratio. EA: Effect Allele for which OR is shown. OA: Other Allele. EAF: effect allele frequency (%) in the Icelandic sample. N: Number of TA cases. **Bold** indicates significant association after Bonferroni corrected P = 0.05/68 = 0.00074 (correcting for 17 markers and 4 phenotypes). *Strongest markers identified in the genome wide association studies of permanent tooth development¹, primary tooth development^{16,17}. *When more than one variant has been associated with the trait at this locus in the previous studies and r^2 was below 0.2 between the markers, the variant with the lowest P-value in the previous studies were chosen.

Appendix Table 3. Genetic model analyses of the TA-associated variants.

Phenotype/Marker	Locus/gene region (coding effect)	Position (hg38)	Alleles	MAF	${P_{mod}}^st$
TOOTH AGENESIS					N = 1,944
rs4498834	1q32.1 ASCL5/CACNA1S	201,111,170	C/T	43.0	0.29
rs35822372	2p11.2 <i>FOXI3</i>	88,438,931	T/C	21.0	0.61
-	2q13 EDAR (p.Arg420Trp)	108,896,996	A/G	0.02	NA
rs2034604	2q22.2 <i>ARHGAP15</i>	143,201,176	C/T	47.3	0.93
rs121908120	2q35 WNT10A (p.Phe228Ile)	218,890,289	A/T	2.60	5.2 x 10 ⁻⁶
rs121908119	2q35 WNT10A (p.Cys107Ter)	218,882,368	A/C	0.14	NA
rs371555610, rs529942527	8q21.13 <i>ZFHX4</i>	76,604,644	CTT/delCT T	14.3	0.54
MANDIBULAR SECO	OND PREMOLARS				N = 1,196
rs917412	4q25 <i>LEF1</i>	108,350,621	T/C	9.20	0.34
MAXILLARY SECON	ND PREMOLARS				N = 600
rs758468472	17q24.2 <i>NOL11</i>	67,718,094	G/T	0.04	NA
MAXILLARY LATER	RAL INCISORS				N = 600
rs35956082	3p13 <i>FOXP1</i>	71,414,748	G/A	25.2	0.70
rs55846652	Xq13.1 <i>EDA</i>	69,564,858	C/T	32.8	0.24
Known OFC varia	nt				
rs5829552 [†]	2p24.2 <i>FAM49A</i>	16,545,695	TA/T	22.5	0.34

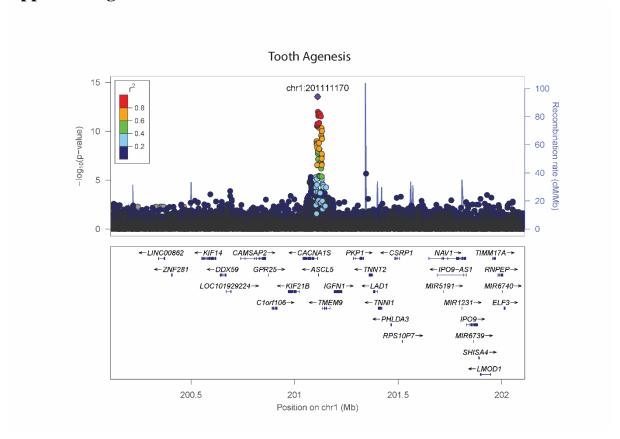
Alleles: minor/major allele. MAF: minor allele frequency (%). N: Number of TA cases.

^{*}The genetic model analysis tested the multiplicative model versus the full model. Small *P* values indicate the multiplicative model should be rejected in favor of the full model. In the case of rs121908120, the ORs estimated for heterozygotes (3.0) and AA homozygotes (51.3) point to a recessive component. †The following rs-names are reported for this variant: rs5829552, rs397784935 and rs869032736.

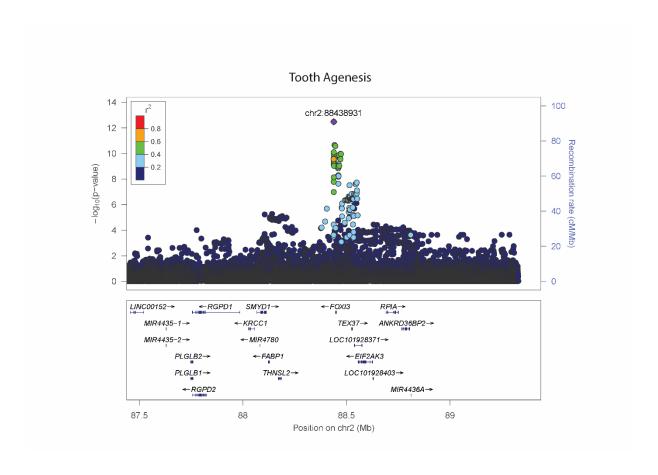
Appendix Table 4. INRICH gene-set enrichment analysis of the nine novel TA loci and WNT10A.

Gene Ontology	#genes in set	#genes in test	P	Pcorr	Genes captured
GO:0042475 odontogenesis_of_dentine-containing_tooth	56	3	1.0 x 10-5	0.023	EDA,EDAR,LEF1
GO:0061153 trachea gland development	2	2	1.0 x 10-5	0.023	EDA,LEF1
GO:0010628 positive_regulation_of_gene	248	4	2.0 x 10-5	0.031	EDA,EDAR,LEF1, WNT10A
GO:0060662 salivary_gland_cavitation	5	2	2.0 x 10-5	0.031	EDA, $EDAR$
GO:0042476 odontogenesis	28	2	3.0 x 10-5	0.042	LEF1,WNT10A
GO:0042346 positive_regulation_of_NF-kappaB_import_into_nucleus	20	2	4.0 x 10-5	0.046	EDA,EDAR

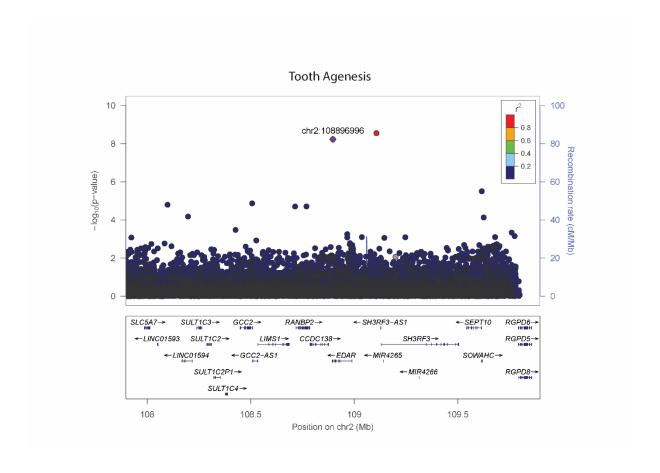
Appendix Figures



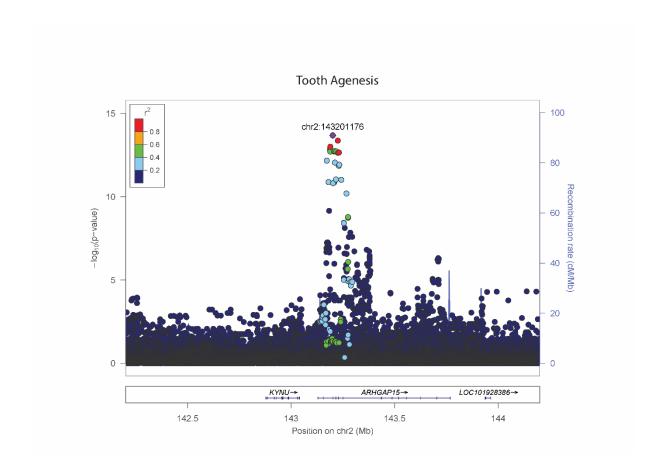
Appendix Figure 1. Regional association plots for rs4498834 (chr1:201111170) associated with Tooth Agenesis.



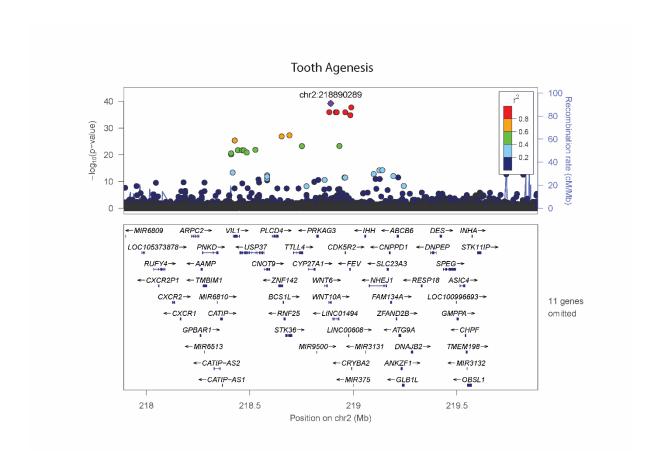
Appendix Figure 2. Regional association plots for rs35822372 (chr2:88438931) associated with Tooth Agenesis.



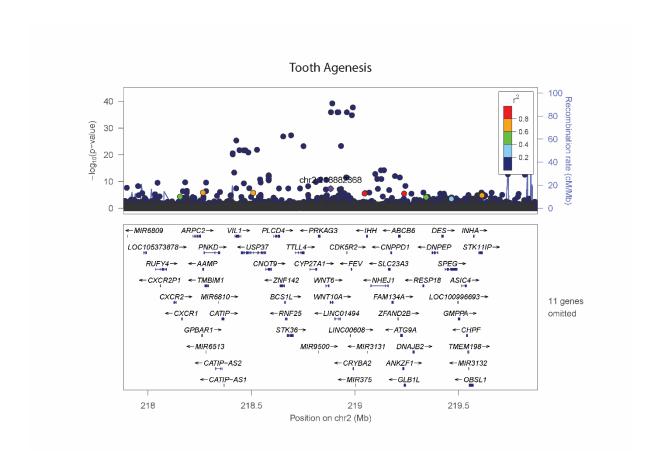
Appendix Figure 3. Regional association plots for *EDAR* (p.Arg420Trp, chr2:108896996) associated with Tooth Agenesis.



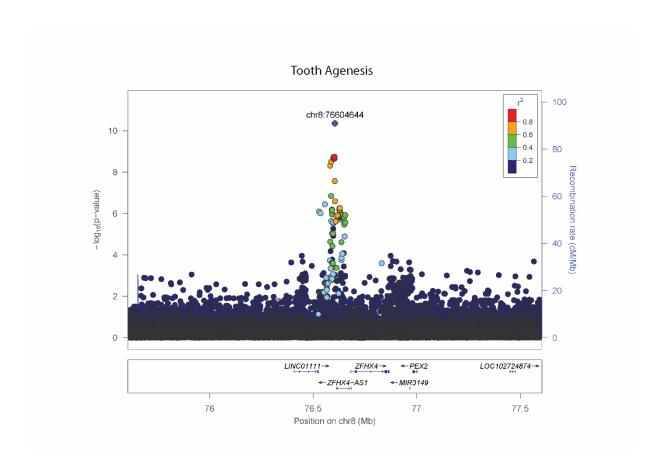
Appendix Figure 4. Regional association plots for rs2034604 (chr2:143201176) associated with Tooth Agenesis.



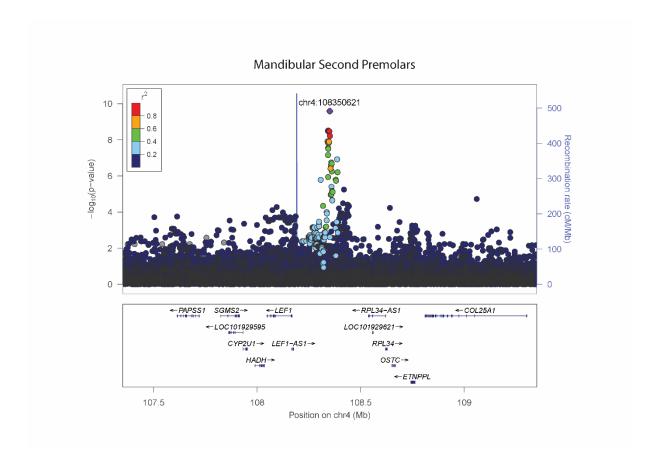
Appendix Figure 5. Regional association plots for rs121908120 (chr2:218890289) associated with Tooth Agenesis.



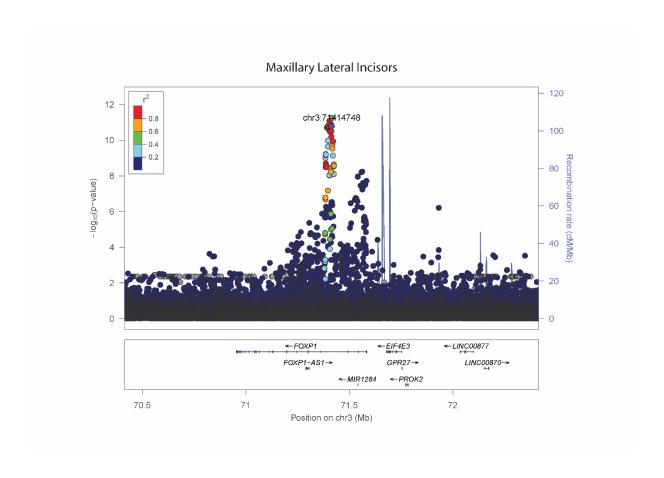
Appendix Figure 6. Regional association plots for rs121908119 (chr2:218882368) associated with Tooth Agenesis.



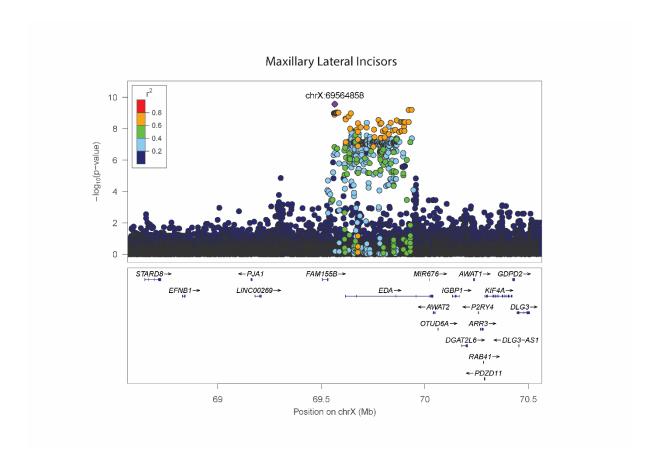
Appendix Figure 7. Regional association plots for rs371555610,rs529942527 (chr8:76604644) associated with Tooth Agenesis.



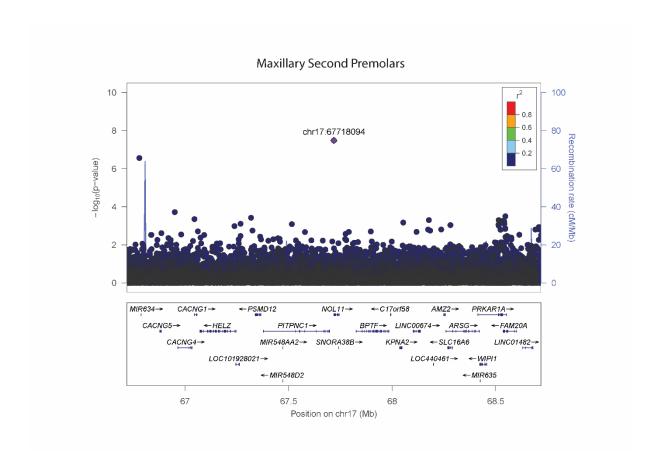
Appendix Figure 8. Regional association plots for rs917412 (chr4:108350621) associated with agenesis of Mandibular Second Premolar.



Appendix Figure 9. Regional association plots for rs35956082 (chr3:71414748) associated with Maxillary Lateral Incisors.



Appendix Figure 10. Regional association plots for rs55846652 (chrX:69564858) associated with Maxillary Lateral Incisors.



Appendix Figure 11. Regional association plots for rs758468472 (chr17:67718094) associated with Maxillary Second Premolars.

References

- 1. Geller, F., Feenstra, B., Zhang, H. *et al.* Genome-wide association study identifies four loci associated with eruption of permanent teeth. *PLoS Genet* **7**, e1002275 (2011).
- 2. Delaneau, O., Marchini, J. & Zagury, J.F. A linear complexity phasing method for thousands of genomes. *Nat Methods* **9**, 179-81 (2012).
- 3. Howie, B.N., Donnelly, P. & Marchini, J. A flexible and accurate genotype imputation method for the next generation of genome-wide association studies. *PLoS Genet* **5**, e1000529 (2009).
- 4. Helm, S. Recording system for the Danish Child Dental Health Services. *Community Dent Oral Epidemiol* **1**, 3-8 (1973).
- 5. Marchini, J. & Howie, B. Genotype imputation for genome-wide association studies. *Nat Rev Genet* **11**, 499-511 (2010).
- 6. Devlin, B. & Roeder, K. Genomic control for association studies. *Biometrics* **55**, 997-1004 (1999).
- 7. Kruithof, C.J., Kooijman, M.N., van Duijn, C.M. *et al.* The Generation R Study: Biobank update 2015. *Eur J Epidemiol* **29**, 911-27 (2014).
- 8. Medina-Gomez, C., Felix, J.F., Estrada, K. *et al.* Challenges in conducting genome-wide association studies in highly admixed multi-ethnic populations: the Generation R Study. *Eur J Epidemiol* **30**, 317-30 (2015).
- 9. Estrada, K., Abuseiris, A., Grosveld, F.G. *et al.* GRIMP: a web- and grid-based tool for high-speed analysis of large-scale genome-wide association using imputed data. *Bioinformatics* **25**, 2750-2 (2009).
- 10. Howe, B.J., Cooper, M.E., Vieira, A.R. *et al.* Spectrum of Dental Phenotypes in Nonsyndromic Orofacial Clefting. *J Dent Res* **94**, 905-12 (2015).
- 11. Alves-Ferreira, M., Pinho, T., Sousa, A. *et al.* Identification of genetic risk factors for maxillary lateral incisor agenesis. *J Dent Res* **93**, 452-8 (2014).
- 12. von Elm, E., Altman, D.G., Egger, M. *et al.* The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *Journal of Clinical Epidemiology* **61**, 344-349 (2008).
- 13. Ludwig, K.U., Bohmer, A.C., Bowes, J. *et al.* Imputation of Orofacial Clefting Data Identifies Novel Risk Loci and Sheds Light on the Genetic Background of Cleft Lip +/- Cleft Palate and Cleft Palate Only. *Hum Mol Genet* (2017).
- 14. Yu, Y., Zuo, X., He, M. *et al.* Genome-wide analyses of non-syndromic cleft lip with palate identify 14 novel loci and genetic heterogeneity. *Nat Commun* **8**, 14364 (2017).
- 15. Leslie, E.J., Carlson, J.C., Shaffer, J.R. *et al.* Genome-wide meta-analyses of nonsyndromic orofacial clefts identify novel associations between FOXE1 and all orofacial clefts, and TP63 and cleft lip with or without cleft palate. *Hum Genet* **136**, 275-286 (2017).
- 16. Fatemifar, G., Hoggart, C.J., Paternoster, L. *et al.* Genome-wide association study of primary tooth eruption identifies pleiotropic loci associated with height and craniofacial distances. *Hum Mol Genet* **22**, 3807-17 (2013).
- 17. Pillas, D., Hoggart, C.J., Evans, D.M. *et al.* Genome-wide association study reveals multiple loci associated with primary tooth development during infancy. *PLoS Genet* **6**, e1000856 (2010).
- 18. Lee, P.H., O'Dushlaine, C., Thomas, B. *et al.* INRICH: interval-based enrichment analysis for genome-wide association studies. *Bioinformatics* **28**, 1797-9 (2012).